1)00/les

MULTIPLE DEPENDENT CLAIM
FEE CALCAUX, ATION SHEET.
(FOR USE), H FORM PTO-875)

SERIAL NO SERIAL

FILING DATE

CLAIMS

						. (
		ILED	AF 1"ame	TER ndaient .	AFTER			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1 - 1								
3	<u>-</u>							
4			 	/				
4 5 6 7								
$\frac{6}{7}$								
8			-					
9			+					
10								
11 12								
13			-	-/				
14								
15				1				
16 17								
18				 				
19				 	 			
20								
22								
23		·	-+-					
24								
25 26	<u>-</u>							
27								
28			/		 			
29 30			711					
31			-/					
32			/ 		 -			
33								
34 35								
36								
37			···		 -			
38 39								
40								
41.								
42			——— [. .	 				
43	·							
44 45				1				
46				+				
47			 	-\- -				
48				-+-				
49					 -			
50								
OTAL IND.		4 c	\angle	1		1		
OTAL DBP		1	المسكن	_ -	J 4	_		
TOTAL			\smile		•			

PTO - 1360 (REV. 11/04)

MS						-			-		-	
		AS FILED				AF L'AMI	T'I Bho	T	AFTER			
	_	IND		DEI	•	IND.		DEP.		ND.	DEP	
51 52	_		_				1	-	1	1127	DEF	
52	4					1.	Ι		1		 	
<u>53</u> 54	-		\dashv	••		1		\mathcal{I}				
55	+		-		-	+-	╄	_/_				
56	7		7		-		╀	-/	-			
57					7	_	╁╌	/	-			
58					7	-+	17		-			
59	_].	<u> </u>					17		1-			
60 61	4		4		_				1			
$\frac{01}{62}$	╬		4	 -	4		1					
63	╅		┪	·	4		7	·				
			7		┪	/-	<u> </u>	├	<u> </u>			
65	I		1		1	/	-	┿	-			
66	4-		1		1		_	-	 			
67 68	- -		4		1.	./						
69	╬	-,	╁	-	-	/	_					
70	+		†		╁	-,-	3					
71	I		1		†	/		T				
72	1		I		1		.	1-1				
73 74.	+		- -		1			=				
75	╁				- -			\equiv				
76	╁		╁		╂			-				
77			1		╁			-			 ;	
78			I		1			-				
79	╬		╀	·	L							
80 81	╁╌		╀		1							
82	†-		╁╴		╂╌					_		
83			1		┢			-				
84	L		L					_				
85	-	<u>. </u>	L					-		_		
86	-		L		ļ_			\subseteq				
87 88	╂╌		┝		ŀ			=				
89.	1		┢		-					_4		
90			1		H		<u> </u>	-				
91									-			
92	_		L					_				
93	-		ļ		L							
94 95	┝		ļ		-	-	_					
96	-		-		-					_ _		
97	-				-			-				
98			-		-			11		+		
99			-		-			-		+		
100			_		_		•			十		
MTAL [HD.				#			1	1	الرزيز بالأداري	+	1	
OTAL DEP.			1				4			(
TOTAL CLAIMS											*****	
			U.S.	DEPART	Y	الالمدة بأوار	1 (7)	77	-		-	

Best Available Copy

MULTIPLE DE NOENT CLAIM FEE CALCUTION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 AMENDMENT		CLAIM -AFTER 2 "AMENDMENT				ASF	ILED	AFTER		AFTE	
101	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	,	I AME	NDMENT	2 AM	END
102							Ì	151	1110.	DEP.	IND.	DEP.	IND.	I
103							ı	152	 					I
104								153						\perp
105								154						
106	$\overline{}$							155						1
107							Į.	156						╀
108							į.	157						╀
109								158						╀
110								159	 					╁
111				_			- 1	160						t
112							ŀ	161						t
113		I		_ ~			 	162	 					t
114							- -	163 164						Γ
115			$-\!\!-\!$				H	165				I		Г
116 117							H	166						
118				-			F	167						
119				1-1			F	168	+					
120	 -						一	169						
121		 -						170						_
122								171						_
123								172						_
24				+=				173						-
125				1-1				174				_	-	
26				- <u>-</u> -			_	175	\Box					-
27				151	 -		1	176						_
28				13			—	177						_
29				151				178 179						
30				7				180						_
31		_		J				181						
32 33	 			-				182						
34				1 -				183	-+					_
35		-		- -				184						_
36]		185						_
37		-		124				186					 -	_
38		_						187	$-$ _ I					_
39		1						188		$-\Gamma$				_
10								189						
1								190 191		-				
2								192					$ \Gamma$	
13						-		93						
5								94			-			_
6								95						_
7								96				_		_
8	$\neg + \neg$							97				-	-	
9	279		17.0					98			17/2		100	
0					-+-			99						
IND.					-			00					,	
DEP		/ -	J ` ▲	* -		▼	-	L IND.	1		1			1
AL MS					1997			L DEP						=
MS I	S C 2	K367					a	TAL		数	538	2.50		ø